

PLEASE RETURN FORM TO MERCHANTS INSURANCE

GROUP VIA EMAIL AT: premiumaudit@merchantsgroup.com

OR FAX (716) 849-3360

POLICY NUMBER:

NAME OF INSURED:	POLICY PERIOD:
-------------------------	-----------------------

Description of Operations

Please describe your business. (Example: Electrical Contractor doing commercial and residential installation. Work is done in new construction and existing properties.)

Indicate the entity type:

☐ Corporation	☐ Partnership	☐ Individual	☐ LLC	☐ LLP	☐ Other
--------------------------------------	--------------------------------------	-------------------------------------	------------------------------	------------------------------	--------------------------------

Did the Business operations change during the audit reporting period? Please provide details for all changes:

Change of Name	
New Products Offered	
Change in Operations	
Change in Entity Type (i.e., individual or corporation)	
Locations added or deleted	

Additional Information

Permission to release a copy of these audit forms to your agent – If requested?	☐ Yes	☐ No	☐ N/A
---	------------------------------	-----------------------------	------------------------------

Please provide your telephone number:	Fax number:

Email address:	Website address:

Name & Title of person providing this information:	Signature of person providing this information:

If mailing address is incorrect, please provide correct information here:	Federal ID Number:

Owners & Officers Hours Worked – Please list names, titles, duties and hours worked for all owners, partners or officers. The number of “hours worked” should include only the actual hours worked for the entire policy period noted below.

[illegible]

Hours Worked – All Other Employees - Please list names, description of duties, work state and hours worked for all other employees. The number of "hours worked" should include only the actual hours worked for the entire policy period noted below.
If more rows are needed, you may photo copy this form or provide the information online.

Name	Description of Duties	Work State	Hours Worked Between «PolicyPeriodStart» - «PolicyPeriodEnd»
	Employee Totals:		
	Employee & Officers Grand Totals:		

Subcontractors & Contract Labor: Please enter the total cost payments to subcontractors, contract laborers and casual laborers during the policy period. Send certificates of insurance(s) for subcontractors.

Name	Work Performed	Material & Labor OR Labor Only?	Total Cost	Certificate of Insurance Yes or No? Attach Certificate
		Total:		

Attach copy of certificates of insurance for all subcontractors.

Units of Exposure - Your policy exposure is based on a measure of "units." For example, if your company plows snow, your exposure is measured by the number of snow plows the company owns. Please enter the number of units that your policy exposure is based in the fields below. Please type a description of the unit exposure you have provided. If you have more than one "unit" classification on your policy or more than one location, please list the units by classification or location. Make additional copies of this form or attach other forms if needed.

Description:	Total # of Plows	Comments
<i>Snow Plows</i>		